PAIENT	FAPPLICAT Effe	ION FEE ctive Oct⊅			ION REC	ORD	)	10/	02	0 004	L
•	CLAIMS	AS FILED (Colur			(Column 2)		SMALL ENTITY TYPE				T HAN
TOTAL CLAIMS							RATE	FEE		RATE	FEE
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI		— ∙	BASIC FEI	+
TOTAL CHARGEABLE CLAIMS		minus 20=		*		1	X\$ 9=		<b>-1</b> .		
INDEPENDENT CLAIMS		1 .	minus 3 =		<del>"</del>		X43 =		OR	\- <u></u>	<del> </del>
MULTIPLE DEPE		·	·	<u> </u>			<u> </u>	OR	X8 <b>6</b> =	<del> </del>	
if the difference		food than torn actor "0" in acture 0			1	+145=		OŔ	+290=		
11104	•	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						)	SMALL	ENTITY	· OR		THAN EN TITY
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	]	RATE	ADDI- TIONAI FEE
Total	. 103	Minus	** 10	3	= -		X\$ 9=		OR	X\$18=	
Independent	. 12	Minus .	. *** \	م		<b> </b>	X43=		OR	X86=	
FIRST PRESE	ULTIPLE DE	LTIPLE DEPENDENT CLAIM			<b> </b> -	+145=	<b> </b>	1	+290=	·	
	•					L	TOTAL		OR	TOTAL	<del></del>
-30-04	(Column 1)		(Colum	n 9)	(Column 3)	A	DDIT. FEE		JOR	ADDIT. FEE	<del></del>
	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ŞT ER JSLY	PRESENT EXTRA		rate ·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Independent	. 102	Minus	** /6	93	•	l I :	X\$ 9=		OR	X\$18=	
Independent	• [[	Minus	***	2	E'		X43=		OR	X86=	
HINST PRESE	NTATION OF M	JLȚIPLE DE	PENDENT C	MIALK			+145=		OR	+200=	
	•	•		•		<u> </u>	TOTAL	· · ·	OR ,	TOTAL ODIT, FEE	
•	(Column 1)		(Column		(Column 3)	AU	OIT. FEE				
	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	T R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	*	Minus	frit		=		X\$ 9=		OR	X\$18=	
Independent	*	Minus	***		=	-	X43=	·	ŀ	X8 <b>6</b> =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	^a <b>o</b> = .	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						<u> </u>	145=		OR	+290= TOTAL	
f the Wiebert Street of Decilerate Deliferative Street and Street Indiana.							OTT. FEE			ODIT. FEE	
ina uduasi Nawi	per Previously Paid	ror (Total or	independent)	es the h	ighesi number	tound	in the app	ropriale box	iu cojni	nr) 1.	

Application or Docket Numb er